Appendix 1

ED Handoff Assessment Log Date:		Sign-out Start Time:
		Sign-out End Time:

Senior/Data Resident:

Outgoing Staff		Incoming Staff	
Attending:		Attending:	
Resident 1		Resident 1	
Resident 2		Resident 2	
Resident 3		Resident 3	
Resident 4		Resident 4	

Was the current handoff process used?   Yes   No
Was the attending present for handoff?   Yes   No

List ALL altered/delayed dispositions or managements that occurred on this shift secondary to clinical items that were either not transferred (NT) or inaccurately transferred (IT) during the patient handoff.

#	**Clinical Item**	**NT**	**IT**	**Altered/delayed disposition or management**
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

List ALL items in which the <u>checklist</u> added relevant knowledge, changed patient treatment or changed disposition.

#	**Clinical Item**	#	**Clinical Item**
1		5	
2		6	
3		7	
4		8	